

The Queen's Medical Center
1301 Punchbowl Street
Honolulu HI 96813

PATIENT NAME: KEMP, LEROY W
MEDICAL RECORD #: 442042
ROOM #: TW5D
ATTENDING PHYS: STEIN, ALAN
REPORT: MT HISTORY & PHYSICAL
JOB #: 1616943
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cc: SALVATORE ABBRUZZESE, MD

DATE OF ADMISSION OR SERVICE: 04/11/2005

DOB: 03/07/1957
PATIENT AGE: 48Y

CHIEF COMPLAINT/REASON FOR ADMISSION OR SERVICE
Seizures.

HISTORY OF PRESENT ILLNESS

This 48-year-old man has a history of seizure-like spells. He is referred by the jail for evaluation as to whether these are epileptic or nonepileptic. The videotape of his events is strongly suggestive of nonepileptic seizures. The patient does state, however, that he has a history of significant head injury resulting in a coma at age 14 and states that a previous EEG on the mainland had shown that he "has epilepsy." For details of his history including HPI, past medical history, etc. please see my complete H&P placed in the patient's chart dated 02/15/05. Since that time nothing has changed. His last seizure reported was on Christmas. The patient currently states that seizures tend to be triggered by lack of sleep, stress, and missing medications.

CURRENT MEDICATIONS

At this time, the patient reports current medications are:

1. Lamictal 200 mg b.i.d.
2. Ibuprofen 600 mg b.i.d.

ALLERGIES


He reports no known drug allergies.

The patient discussed with me a number of concerns regarding possibility of injury or death from his seizures, lack of preparedness for this monitoring to take place (even though this has been planned for two months), concerns over the use of restraints (it is standard policy for all prisoners, while in jail, to be shackled to the bed), etc. I discussed these issues with the patient, and we will proceed with monitoring as planned including the use of restraints as indicated by standard jail protocol.

IMPRESSION

Spells of unclear etiology, possibly epileptic, possibly nonepileptic.

4/14/05.

Fax to Halperin


MRN: 442042

LEROY W KEMP

Dictated by ALAN G STEIN, MD

EXHIBIT "B"

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PLAN

The patient will undergo video EEG monitoring with provocative maneuvers (sleep deprivation, tapering of medications, etc.). We would like to obtain or capture up to four or five of the patient's typical events depending on how clear the etiology is.

ALAN G STEIN, MD

AGS/tmg

d: 04/11/2005 12:14:22

t: 04/11/2005 14:14:28